

Division of Adult Institution Apprenticeship Component  
For DJJ Facility Closure Impacted Employees  
**Work Process Certification Form**

Name: \_\_\_\_\_

Juvenile Classification: \_\_\_\_\_

Adult Classification: \_\_\_\_\_

Date of Transfer: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

Work Process Category	Required Hours	Hours Completed

"I certify that I have completed the DAI component work process hours specific to the adult classification I was transferred to upon closure of DJJ Facility".

**To Be Completed By Employee:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Completed By IST Office:**

Approved By: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Original document to be placed in employee training file*